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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Turkey

SUMMARY

The Executive Director presents the country programme strategy note for Turkey for a programme of cooperation for the period 1997 to 2000.

Some national social indicators point towards great improvement in the situation of mothers and children in Turkey; however geographic and gender disparities require further attention. Analysis of the past programme of cooperation between UNICEF and the Government of Turkey indicates that UNICEF cooperation should be more strategically focused, with both the Government and non-governmental organizations, in order to strengthen effectiveness.

The new country programme will extend beyond child survival and development issues to address child protection and participation as well. The Government proposes, by the year 2000, to reduce the infant mortality rate by one third; to halve the under-five mortality rate, maternal mortality and the rate of malnutrition among children under five years old; and to achieve universal access to basic education. A related goal will be the eradication of illiteracy, and 80 per cent of children will complete eight years of primary education. Access to safe water supplies and sanitation also will be promoted. The new strategies will emphasize strengthening technical capacity-building for service delivery, empowerment, advocacy for social policy development, and monitoring.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Turkey is a middle-income country of nearly 60 million people, one third of whom are children under 15 years of age. Public expenditure on basic social services has been significant, but there are still important, unmet challenges, such as the reduction of regional disparities.

2. Progress towards national goals is impressive. Compulsory education is moving from five to eight years, as the rate of completion and quality of education improve. The primary school enrolment rate is 91 per cent for boys and 85 per cent for girls (1992); however, nearly 6.5 million women in the 14- to 44-year age-group and 2 million children in the 7- to 14-year age-group consider themselves illiterate (1990).

3. Since 1991, vaccinations have become routine and national expanded programme on immunization (EPI) coverage is 78 per cent; 39 out of 56 targeted hospitals are certified as "baby-friendly"; and the contraceptive prevalence rate is 63 per cent. The infant mortality rate (IMR) and the under-five mortality rate (U5MR) have been reduced by 35 per cent since 1990 to 52.6 and 60.9 per 1,000 live births, respectively, in 1993. However, they are 15 per cent higher in the east of the country. In addition, 56 per cent of infant deaths occur in the first four weeks of life. Some 10 per cent of children in Turkey are under weight (indicating both acute and chronic malnourishment). Malnutrition rates in the east are almost three times higher than in the western and southern parts of the country, with up to 50 per cent of children stunted. The maternal mortality rate continues to be high, at 132 per 100,000 live births, reflecting problems of education and quality of antenatal care and care at delivery.

4. Regional disparities in basic services are a result of physical inaccessibility and security problems in the south-east. While Government initiatives in impoverished regions have been constrained owing to the lack of funds, unemployment continues to rise in urban settlements due to rapid rural to urban migration. This puts pressure on social services and housing. Nationwide, water supply and sanitation systems also remain inadequate, especially in rural areas. Since Turkey ratified the Convention on the Rights of Children in 1994, there is heightened public awareness concerning the growing number of children in difficult circumstances, in both urban and rural settlements, with implications for UNICEF cooperation.

LESSONS LEARNED FROM PAST COOPERATION

5. The goals for Turkey's children are shifting from survival to development and protection, although some linkages connect these areas, such as the sustainability of gains in child survival. This shift calls for strengthening partnerships with both the Government of Turkey and non-governmental organizations (NGOs). Turkey now has less need for material support from UNICEF. On the other hand, UNICEF cooperation will continue to serve as a catalyst to mobilize national resources to improve the well-being of women and children. As a result, UNICEF also will seek closer cooperation with other United Nations agencies, building on the United Nations country strategy note. UNICEF strategies to enhance cooperation in Turkey will include

capacity-building, empowerment, advocacy and monitoring. Thus, the role and composition of the Child Intersectoral Board, which guided implementation of the 1991-1996 programme of cooperation, will be reviewed to enhance the new cooperation.

6. The success in increasing antenatal care visits needs to be sustained by improving the quality of care so that it has a greater impact on maternal and neonatal mortality. Senior and mid-level managers have been trained in the areas of EPI, the control of diarrhoeal diseases and acute respiratory infections, and community education. However, health workers, who are the population's first contact with the health system, also need refresher courses that cover a range of issues, including hygiene, nutrition and primary health care (PHC).

7. Government media have disseminated health-related messages nationwide, but the growing number of private television and radio channels calls for a more participatory communications and advocacy strategy. Local authorities also can be more active partners and advocates for children's issues, as can women's volunteers groups. Technical support and capacity-building activities will be needed, however, to strengthen sustainability.

8. Facts for Life messages have been integrated into the existing primary education curriculum, and related educational materials are being prepared. More action-oriented, interactive learning and teaching strategies have been adopted in all training activities, but curricula must be strengthened if they are to address needs such as child care, income generation and the social status of women. The women's training project has had a positive but limited impact and will be redesigned accordingly.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. UNICEF will assist Turkey in attaining the goals outlined its national programme of action. The Government proposes that by the year 2000, IMR will be reduced by one third and the U5MR will be halved. Maternal mortality and malnutrition among children under five years old will both be reduced by one half through the reduction of regional disparities. Universal access to basic education will be achieved. A related goal will be the eradication of illiteracy and 80 per cent of children completing eight years of primary education. Access to safe water supplies and sanitation also will be promoted.

10. The problems of children in difficult circumstances will be addressed by providing better education and training opportunities. UNICEF will encourage the elimination of all forms of discrimination against women in a culturally-sensitive manner. Development of clearly defined government policies on children and women facing hardship will be encouraged.

11. Service delivery, capacity-building, empowerment and advocacy interventions, together with social policy development and monitoring, will be the primary strategies. Service delivery will be rationalized and integrated to improve cost-effectiveness. Intersectoral efforts will focus on reducing regional disparities in service delivery. Community ownership of projects will

be developed through capacity-building and a multi-pronged approach to education and communication. Partners will include the national, local and private media, and the publicity units of ministries. Advocacy will help to raise the level of awareness among communities and families on issues relating to children and mothers. Gender disparities will be addressed at various levels, including the collection of disaggregated data, the revision of educational materials for gender sensitivity and the creation of awareness of women's issues within households.

12. The cooperation will involve NGOs, the private sector and civil society so as to establish a wider network of organizations for implementation, fund-raising and promotion. Data and information on children and women will be collected, analysed and made available to the public under the aegis of an appropriate government institution. The triple A (assessment, analysis and action) approach will be adopted for service delivery. Facts for Life messages will be used increasingly in basic education and health services, and policies to improve the situation of women and girls will be encouraged.

13. Capacity-building at the community level will be a principal strategy. Midwives will be trained as key agents of change at the village level to improve the quality of service at the first point of contact within the health system. Hidden hunger, resulting from iodine, vitamin A and iron deficiencies, will be addressed, and child growth monitoring capacity will be built into the PHC system. Low-birth-weight infants will be followed closely, and mothers will be educated on growth monitoring and food supply. Food and nutritional information will be included in women's development and income-generation services. The expansion of adult education, especially in terms of volunteer training, and community- and family-based early childhood development and primary education will be initiated and sustained through capacity-building and demonstration activities.

14. The Government will be encouraged to prioritize problems, adopt macro-policies and focus health policy on reducing neonatal and maternal mortality. The use of more affordable and proven health technologies will be encouraged. Public education and promotion campaigns will encourage breast-feeding. The use of both traditional (puppet theater, drama, songs and music) and new communication channels for formal education activities will be widened.

15. Monitoring committees, spearheaded by governors, will encourage involvement at the local level. Monitoring and evaluation of programmes at all levels, including the field, will be organized to strengthen intersectoral and inter-agency linkages.

16. There is scope to mobilize national resources more effectively for children, particularly through cooperation with the National Committee for UNICEF. NGOs, private companies and civil groups also will have an opportunity to contribute to fund-raising efforts.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Capacity-building and service delivery	1 968	3 000	4 968
Empowerment	1 378	2 100	3 478
Advocacy and social policy development	886	853	1 739
Monitoring	689	1 648	2 337
Total	4 921	7 601	12 522

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.